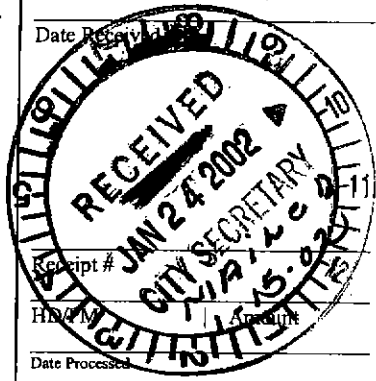


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

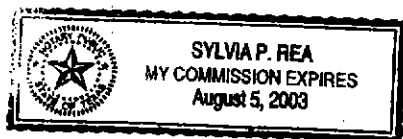
The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>14</b>
3 CANDIDATE OFFICEHOLDER NAME	TITLE FIRST MI <b>GERALD</b>		OFFICE USE ONLY  
	NICKNAME LAST SUFFIX <b>WOMACK</b>		
4 CANDIDATE OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS/P.O. BOX: APT/SUITE #: CITY: STATE: ZIP CODE: <b>4412 ALMEDA HOUSTON TEXAS 77004</b>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>JOHN S.</b>		
	NICKNAME LAST SUFFIX <b>CHASE</b>		Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY: STATE: ZIP CODE: <b>1201 SOUTHMORE HOUSTON TEXAS 77004</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 524-8413</b>		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	MONTH DAY YEAR MONTH DAY YEAR <b>11/22/2001 THROUGH 12/31/2001</b>		
10 ELECTION	ELECTION DATE ELECTION TYPE MONTH DAY YEAR <b>12 / 01 / 2001</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) <b>HOUSTON CITY COUNCIL-DISTRICT D</b>
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  NAME  ADDRESS/P.O. BOX: APT/SUITE #: CITY: STATE: ZIP CODE:		
<b>GO TO PAGE 2</b>			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>GERALD WOMACK</b>		15 ACCOUNT # (Ethics Commission filers)	
16 SUPPORTING POLITICAL COMMITTEES   <input type="checkbox"/> additional pages	** This listing includes political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,425.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OF LESS. UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 54,166.20
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THIS REPORTING PERIOD	\$

## 19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

under Title 15, Election Code.

Signature of Candidate or Officeholder

**GERALD WOMACK**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **GERALD WOMACK**, this the **15<sup>TH</sup>** day of **January, 2002**, to certify which, witness my hand and seal of office.

Signature of officer administering oath

SYLVIA P. REA

**NOTARY PUBLIC**

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11-24-01**5 Full name of contributor  
**Lawrence Daniel Roberts**☐ out of state PAC7 Amount of  
contribution8 In-kind contribution  
description(if  
applicable)**200.00**Contributor address: City; State; Zip Code  
[REDACTED] **Los Angeles, CA 90008**

9 Principal occupation

10 Employer (optional)

Date  
**11-28-01**Full name of contributor  
**Paula S. Arnold**☐ out of state PACAmount of  
contributionIn-kind contribution  
description(if  
applicable)**250.00**Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77018**

Principal occupation

Employer (optional)

Date  
**11-28-01**Full name of contributor  
**Deandre M. Sam**☐ out of state PACAmount of  
contributionIn-kind contribution  
description(if  
applicable)**250.00**Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77021**

Principal occupation

Employer (optional)

Date  
**11-28-01**Full name of contributor  
**Harlon Brooks**☐ out of state PACAmount of  
contributionIn-kind contribution  
description(if  
applicable)**500.00**Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77048**

Principal occupation

Employer (optional)

Date  
**11-28-01**Full name of contributor  
**Across The Track**☐ out of state PACAmount of  
contributionIn-kind contribution  
description(if  
applicable)**1000.00**Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77221**

Principal occupation

Employer (optional)

Date  
**11-28-01**Full name of contributor  
**Thomas Jones, Jr.**☐ out of state PACAmount of  
contributionIn-kind contribution  
description(if  
applicable)**250.00**Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77021**

Principal occupation

Employer (optional)

Date  
**11-28-01**Full name of contributor  
**Limas Jefferson**☐ out of state PACAmount of  
contributionIn-kind contribution  
description(if  
applicable)**500.00**Contributor address: City; State; Zip Code  
[REDACTED] **Seabrook, Tx. 77586**

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11-28-01**5 Full name of contributor  
**Byronne J. Hearn**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77088**7 Amount of contribution  
**100.00**

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Ansun PAC**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77061**Amount of contribution  
**250.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Sidney Williams**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Los Angeles, CA 90044**Amount of contribution  
**500.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Dale Everitt & Co.**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77057**Amount of contribution  
**200.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Wendell & Cynthia Champion**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77004**Amount of contribution  
**250.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**R. Anderson & Associates**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77054**Amount of contribution  
**150.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Ricky Kamins**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77055**Amount of contribution  
**500.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME <b>GERALD WOMACK</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>11-27-01</b>	5 Full name of contributor <b>Texas Coalition for Good Government</b> Contributor address: City; State; Zip Code [REDACTED] <b>Houston, Tx. 77098</b>	<input type="checkbox"/> out of state PAC	7 Amount of contribution <b>1000.00</b>
9 Principal occupation		8 In-kind contribution description(if applicable)	
Date <b>11-27-01</b>	Full name of contributor <b>JP Morgan Chase &amp; Co. PAC</b> Contributor address: City; State; Zip Code [REDACTED] <b>New York, NY 10169</b>	<input checked="" type="checkbox"/> out of state PAC	Amount of contribution <b>500.00</b>
Principal occupation		In-kind contribution description(if applicable)	
Date <b>11-27-01</b>	Full name of contributor <b>Gerald Womack</b> Contributor address: City; State; Zip Code [REDACTED] <b>Houston, Tx. 77004</b>	<input type="checkbox"/> out of state PAC	Amount of contribution <b>30000.00</b>
Principal occupation		Employer (optional)	
Date <b>11-26-01</b>	Full name of contributor <b>Percy or Lorine Ladet</b> Contributor address: City; State; Zip Code [REDACTED] <b>Houston, Tx. 77004</b>	<input type="checkbox"/> out of state PAC	Amount of contribution <b>1000.00</b>
Principal occupation		In-kind contribution description(if applicable)	
Date <b>11-26-01</b>	Full name of contributor <b>Dr. Zuberi Iddi Mwamba</b> Contributor address: City; State; Zip Code [REDACTED] <b>Missouri City, Tx. 77489</b>	<input type="checkbox"/> out of state PAC	Amount of contribution <b>25.00</b>
Principal occupation		Employer (optional)	
Date <b>11-26-01</b>	Full name of contributor <b>Carolyn B. Franklin</b> Contributor address: City; State; Zip Code [REDACTED] <b>Houston, Tx. 77045</b>	<input type="checkbox"/> out of state PAC	Amount of contribution <b>300.00</b>
Principal occupation		In-kind contribution description(if applicable)	
Date <b>11-24-01</b>	Full name of contributor <b>American Federation of State, County &amp; Municipal Employees-AFL-CIO</b> Contributor address: City; State; Zip Code [REDACTED] <b>Washington, DC 20036</b>	<input checked="" type="checkbox"/> out of state PAC	Amount of contribution <b>1500.00</b>
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission fliers)

4 Date  
**11-29-01**5 Full name of contributor  
**R. J. or Maureen Campo**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77005**7 Amount of contribution  
**1000.00**

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Pam Sengelmann**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77024**Amount of contribution  
**500.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Preservation Partners**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **New Orleans, LA 70112**Amount of contribution  
**500.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**IEC of Houston PAC**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77007**Amount of contribution  
**500.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**Full name of contributor  
**Tammy Tran & Associates**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77002**Amount of contribution  
**1000.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-30-01**Full name of contributor  
**V. Edward James**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77081**Amount of contribution  
**250.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-30-01**Full name of contributor  
**Percy Creuzot**☐ out of state PACContributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77004**Amount of contribution  
**1000.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission fliers)

4 Date  
**11-30-01**

5 Full name of contributor  
**Ester Branch**

☐ out of state PAC

Contributor address: City, State; Zip Code  
[REDACTED] **Houston, Tx. 77025**

7 Amount of contribution  
**1000.00**

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date  
**11-30-01**

Full name of contributor  
**Hermes Reed Architects PAC**

☐ out of state PAC

Contributor address: City, State; Zip Code  
[REDACTED] **Houston, Tx. 77063**

Amount of contribution  
**500.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-30-01**

Full name of contributor  
**Samuel Stuart**

☐ out of state PAC

Contributor address: City, State; Zip Code  
[REDACTED] **Houston, Tx. 77045**

Amount of contribution  
**200.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**11-30-01**

Full name of contributor  
**James D. Dannenbaum**

☐ out of state PAC

Contributor address: City, State; Zip Code  
[REDACTED] **Houston, Tx. 77098**

Amount of contribution  
**1000.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**12-12-01**

Full name of contributor  
**Launey F. Roberts, Jr.**

☐ out of state PAC

Contributor address: City, State; Zip Code  
[REDACTED] **Houston, Tx. 77021**

Amount of contribution  
**25.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**12-12-01**

Full name of contributor  
**Gopal R. Jannapureddy**

☐ out of state PAC

Contributor address: City, State; Zip Code  
[REDACTED] **Spring, Tx. 77379**

Amount of contribution  
**250.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date  
**12-12-01**

Full name of contributor  
**S. Mohammed Hosain**

☐ out of state PAC

Contributor address: City, State; Zip Code  
[REDACTED] **Houston, Tx. 77008**

Amount of contribution  
**1000.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission fliers)

4 Date  
**12-12-01**

5 Full name of contributor  
**Marva G. Bywaters**

☐ out of state PAC

Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77004**

7 Amount of contribution  
**50.00**

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date  
**12-1-01**

Full name of contributor  
**Ivy Davis Livingston**

☐ out of state PAC

Contributor address: City; State; Zip Code  
[REDACTED] **Missouri City, Tx. 77489**

Amount of contribution  
**25.00**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date  
**11-29-01**

Full name of contributor  
**Judson W. Robinson, III**

☐ out of state PAC

Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77071**

Amount of contribution  
**250.00**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date  
**11-30-01**

Full name of contributor  
**Jane Bass Page**

☐ out of state PAC

Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77024**

Amount of contribution  
**200.00**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date  
**8-24-01**

Full name of contributor  
**Oliver or Ramona Brown**

☐ out of state PAC

Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77004**

Amount of contribution  
**50.00**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date  
**11-5-01**

Full name of contributor  
**Wendle Van Smith**

☐ out of state PAC

Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77074**

Amount of contribution  
**200.00**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date  
**11-5-01**

Full name of contributor  
**Brian P. Cweren**

☐ out of state PAC

Contributor address: City; State; Zip Code  
[REDACTED] **Houston, Tx. 77225**

Amount of contribution  
**150.00**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-5-01

5 Full name of contributor

**Beatrice Engram**☐ out of state PAC

Contributor address: City; State; Zip Code

**Houston, Tx. 77021**

7 Amount of contribution

**50.00**

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date

11-5-01

Full name of contributor

**Sharyon Gathe**☐ out of state PAC

Contributor address: City; State; Zip Code

**Bellaire, Tx. 77401**

Amount of contribution

**1000.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

11-5-01

Full name of contributor

**Charles M. Bush**☐ out of state PAC

Contributor address: City; State; Zip Code

**Dallas, Tx. 75225**

Amount of contribution

**500.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Contributor address: City; State; Zip Code

Amount of contribution

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Contributor address: City; State; Zip Code

Amount of contribution

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Contributor address: City; State; Zip Code

Amount of contribution

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Contributor address: City; State; Zip Code

Amount of contribution

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>5</b>
2 FILER NAME <b>GERALD WOMACK</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11-24-01</b>	5 Payee name <b>CASH</b>	7 Amount (\$) <b>650.00</b>
6 Payee address: City: State: Zip Code: <b>5445 Almeda, Houston, Tx. 77004</b>		
8 Purpose of expenditure <b>Church Crew Workers</b>		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-24-01</b>	Payee name <b>Texas Printing</b>	Amount (\$) <b>3518.12</b>
Payee address: City: State: Zip Code: <b>4715 Main Street, Houston, Tx. 77002</b>		
Purpose of expenditure <b>Printing</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-24-01</b>	Payee name <b>Advantage Communication</b>	Amount (\$) <b>500.00</b>
Payee address: City: State: Zip Code: <b>4412 Almeda St., Houston, Tx. 77004</b>		
Purpose of expenditure <b>KCOH Radio Air Time</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-26-01</b>	Payee name <b>EZ Mail</b>	Amount (\$) <b>8900.47</b>
Payee address: City: State: Zip Code: <b>6420 Richmond, Ste. 100, Houston, Tx. 77054</b>		
Purpose of expenditure <b>Mail out</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-26-01</b>	Payee name <b>Texas Printing</b>	Amount (\$) <b>801.05</b>
Payee address: City: State: Zip Code: <b>4715 Main St., Houston, Tx. 77002</b>		
Purpose of expenditure <b>Printing</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-26-01</b>	Payee name <b>Alicia Murray</b>	Amount (\$) <b>210.50</b>
Payee address: City: State: Zip Code: <b>4042 McDeemed, Houston, Tx. 77052</b>		
Purpose of expenditure <b>Consultant Services</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-27-01</b>	Payee name <b>The Wiseman Company</b>	Amount (\$) <b>421.74</b>
Payee address: City: State: Zip Code: <b>2601 Arbor, Houston, Tx. 77004</b>		
Purpose of expenditure <b>Printing</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>5</b>
2 FILER NAME <b>GERALD WOMACK</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11-27-01</b>	5 Payee name <b>CASH</b> 6 Payee address: City: State: Zip Code: <b>5445 Almeda, Houston, Tx. 77004</b>	7 Amount (\$) <b>2072.00</b>
8 Purpose of expenditure <b>Early Vote</b>		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-27-01</b>	Payee name <b>EZ Mail</b> Payee address: City: State: Zip Code: <b>6420 Richmond, Ste. 100, Houston, Tx. 77054</b>	Amount (\$) <b>1440.00</b>
Purpose of expenditure <b>Mail out</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-28-01</b>	Payee name <b>Advantage Communication</b> Payee address: City: State: Zip Code: <b>4412 Almeda, Houston, Tx. 77004</b>	Amount (\$) <b>1800.00</b>
Purpose of expenditure <b>Air time</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-28-01</b>	Payee name <b>A. B. Chambers</b> Payee address: City: State: Zip Code: <b>4123 Dacca Dr., Houston, Tx. 77004</b>	Amount (\$) <b>136.00</b>
Purpose of expenditure <b>Replacement check</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-28-01</b>	Payee name <b>The Wiseman Company</b> Payee address: City: State: Zip Code: <b>2601 Arbor, Houston, Tx. 77004</b>	Amount (\$) <b>1643.75</b>
Purpose of expenditure <b>Printing</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-26-01</b>	Payee name <b>East Bethel Cowboys</b> Payee address: City: State: Zip Code: <b>Houston, Tx.</b>	Amount (\$) <b>300.00</b>
Purpose of expenditure <b>Block walkers</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-28-01</b>	Payee name <b>Advantage Communication</b> Payee address: City: State: Zip Code: <b>4412 Almeda Rd., Houston, Tx. 77004</b>	Amount (\$) <b>1693.00</b>
Purpose of expenditure <b>KCOH Air time</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

**5**

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

**GERALD WOMACK**

4 Date

5 Payee name

7 Amount  
(\$)**11-28-01****Advantage Communication****3625.00**

6 Payee address: City: State: Zip Code:

**4412 Almeda, Rd., Houston, Tx. 77004**

8 Purpose of expenditure

9 \*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

**KMJQ Air time**

Date

Payee name

Amount  
(\$)**11-28-01****Texas Printing****4128.09**

Payee address: City: State: Zip Code:

**4715 Main St., Houston, Tx. 77002**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

**Printing**

Date

Payee name

Amount  
(\$)**11-29-01****CASH****325.00**

Payee address: City: State: Zip Code:

**5445 Almeda, Houston, Tx. 77004**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

**Block walkers**

Date

Payee name

Amount  
(\$)**11-29-01****The Wiseman Co.****1290.31**

Payee address: City: State: Zip Code:

**2601 Arbor, Houston, Tx. 77004**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

**Push cards**

Date

Payee name

Amount  
(\$)**11-29-01****Eva Pickens****500.00**

Payee address: City: State: Zip Code:

**7935 Quail Meadow Dr., Houston, Tx. 77071**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

**Consultant Services**

Date

Payee name

Amount  
(\$)**11-29-01****Maggie Duffield****250.00**

Payee address: City: State: Zip Code:

**2218 Blodgett, Houston, Tx. 77004**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

**Early vote**

Date

Payee name

Amount  
(\$)**11-29-01****Academy Awards****893.63**

Payee address: City: State: Zip Code:

**4102 Fannin, Houston, Tx. 77004**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

**T-Shirts**

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>5</b>
2 FILER NAME <b>GERALD WOMACK</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11-29-01</b>	5 Payee name <b>Academy Awards</b>	7 Amount (\$) <b>857.00</b>
6 Payee address: City: State: Zip Code: <b>4102 Fannin, Houston, Tx. 77004</b>		
8 Purpose of expenditure <b>T-Shirts</b>		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-29-01</b>	Payee name <b>Deborah Gladney</b>	Amount (\$) <b>50.00</b>
Payee address: City: State: Zip Code: <b>723 Buoy, Houston, Tx. 77063</b>		
Purpose of expenditure <b>Early Vote</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-29-01</b>	Payee name <b>CASH</b>	Amount (\$) <b>275.00</b>
Payee address: City: State: Zip Code: <b>5445 Almeda, Houston, Tx. 77004</b>		
Purpose of expenditure <b>Block walkers</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-30-01</b>	Payee name <b>The Wiseman Co.</b>	Amount (\$) <b>653.80</b>
Payee address: City: State: Zip Code: <b>2601 Arbor, Houston, Tx. 77004</b>		
Purpose of expenditure <b>Push cards</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-30-01</b>	Payee name <b>Don Samuel</b>	Amount (\$) <b>125.00</b>
Payee address: City: State: Zip Code: <b>5011 Almeda, Houston, Tx. 77004</b>		
Purpose of expenditure <b>Contract Services</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-30-01</b>	Payee name <b>Advantage Communication</b>	Amount (\$) <b>1460.00</b>
Payee address: City: State: Zip Code: <b>4412 Almeda Rd., Houston, Tx. 77004</b>		
Purpose of expenditure <b>Radio air time</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date <b>11-30-01</b>	Payee name <b>Wyatt's Cafeteria</b>	Amount (\$) <b>645.00</b>
Payee address: City: State: Zip Code: <b>4423 Griggs Rd, Houston, Tx. 77021</b>		
Purpose of expenditure <b>Early vote breakfast</b>		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

**5**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

**GERALD WOMACK**

4 Date

5 Payee name

**11-30-01****Sprint Digital Print**7 Amount  
(\$)

6 Payee address: City: State: Zip Code:

**3801.74****10100 Clay Rd., Ste. C, Houston, Tx. 77080**

8 Purpose of expenditure

9 \*\* Complete if direct expenditure to benefit C/OH\*\*

**Signs**

Candidate / Officeholder name

Office sought/held

Date

Payee name

**11-30-01****CASH**Amount  
(\$)

Payee address: City: State: Zip Code:

**8500.00****5445 Almeda, Houston, Tx. 77004**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

**Poll workers (12-1-01)**

Candidate / Officeholder name

Office sought/held

Date

Payee name

**11-30-01****CASH**Amount  
(\$)

Payee address: City: State: Zip Code:

**2500.00****5445 Almeda, Houston, Tx. 77004**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

**Block walkers**

Candidate / Officeholder name

Office sought/held

Date

Payee name

**12-1-01****CASH**Amount  
(\$)

Payee address: City: State: Zip Code:

**200.00****5445 Almeda, Houston, Tx. 77004**

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

**Block walkers**

Candidate / Officeholder name

Office sought/held

Date

Payee name

Payee address:

City:

State:

Zip Code:

Amount  
(\$)

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

Date

Payee name

Payee address:

City:

State:

Zip Code:

Amount  
(\$)

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

Date

Payee name

Payee address:

City:

State:

Zip Code:

Amount  
(\$)

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH\*\*

Candidate / Officeholder name

Office sought/held

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